



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 2671

Bib Data Sheet

SERIAL NUMBER 10/726,040	FILING OR 371(c) DATE 12/02/2003 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. LS-004
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Glenn Butler, Tarrytown, NY;

**** CONTINUING DATA *******

This application is a CIP of 10/613,608 07/03/2003 PAT 7,001,413 which claims benefit of 60/393,607 07/03/2002

and claims benefit of 60/430,269 12/02/2002 *Hj*

This application 10/726,040

claims benefit of 60/430,181 12/02/2002 *Hj*and claims benefit of 60/430,269 12/02/2002 *Hj***** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 03/02/2004

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

31647

TITLE

Methods and apparatus for light therapy

FILING FEE RECEIVED 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	---	---